

## General

### Title

Melanoma: percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within the 12 month period, into a recall system.

### Source(s)

American Academy of Dermatology. Melanoma: continuity of care - recall system. Schaumburg (IL): American Academy of Dermatology; 2016 Nov 15. 6 p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within the 12 month period, into a recall system that includes:

- A target date for the next complete physical skin exam, AND
- A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment

This measure is to be reported a minimum of once per reporting period for patients with a current diagnosis of melanoma or a history of melanoma seen during the reporting period. It is anticipated that eligible clinicians providing care for patients with melanoma or a history of melanoma will submit this measure.

## Rationale

Lack of follow-up with providers is noted in the Institute of Medicine (IOM) report on patient errors. Follow-up for skin examination and surveillance is an important aspect in the management of patients with a current diagnosis or a history of melanoma. The presence of a recall system, whether it is electronic or paper based, enables providers to ensure that patients receive follow-up appointments in accordance with their individual needs.

### Clinical Recommendation Statements

Skin examination and surveillance at least once a year for life is recommended for all melanoma patients, including those with stage 0, in situ melanoma. Clinicians should educate all patients about post-treatment monthly self-exam of their skin and of their lymph nodes if they had stage IA to IV melanoma. Specific signs or symptoms are indications for additional radiologic imaging (National Comprehensive Cancer Network [NCCN], 2011).

No clear data regarding follow-up interval exists, but at least annual history and physical examination with attention to the skin and lymph nodes is recommended (Bichakjian et al., 2011).

Regular clinical follow-up and interval patient self exam of skin and regional lymph nodes are the most important means of detecting recurrent disease or new primary melanoma; findings from history and physical exam should direct the need for further studies to detect local, regional, and distant metastasis (Bichakjian et al., 2011).

## Evidence for Rationale

American Academy of Dermatology. Melanoma: continuity of care - recall system. Schaumburg (IL): American Academy of Dermatology; 2016 Nov 15. 6 p.

Bichakjian CK, Halpern AC, Johnson TM, Foote Hood A, Grichnik JM, Swetter SM, Tsao H, Barbosa VH, Chuang TY, Duvic M, Ho VC, Sober AJ, Beutner KR, Bhushan R, Smith Begolka W, American Academy of Dermatology. Guidelines of care for the management of primary cutaneous melanoma. J Am Acad Dermatol. 2011 Nov;65(5):1032-47. [143 references] [PubMed](#)

National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology: melanoma. Fort Washington (PA): National Comprehensive Cancer Network (NCCN); 2011 Apr 1. 51 p.

## Primary Health Components

Melanoma; recall system

## Denominator Description

All patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Patients whose information is entered, at least once within a 12 month period, into a recall system that includes:

A target date for the next complete physical skin exam, AND

A process to follow-up with patients who either did not make an appointment within the specified

timeframe or who missed a scheduled appointment

See the related "Numerator Inclusions/Exclusions" field.

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

### Additional Information Supporting Need for the Measure

Unspecified

### Extent of Measure Testing

The American Medical Association (AMA)-convened Physician Consortium for Performance Improvement (PCPI) in collaboration with the American Academy of Dermatology conducted a testing project to ensure that the melanoma measures were feasible to implement, valid and reliable. Overall, the measures were found to be valid and reliable.

#### *Face Validity Testing*

Face validity of the measure score was assessed for three of the four melanoma measures. The American Academy of Dermatology Quality Metrics Committee members were asked to empirically assess face validity of these measures via online survey. The expert panel consisted of 13 members, whose specialties include oncology, melanoma, dermatology, and surgical oncology.

After the measure was fully specified, the expert panel was asked to rate their agreement with the following statement: "The scores obtained from the measure, as specified, will provide an accurate reflection of quality and can be used to distinguish good and poor quality."

#### *Face Validity Testing Results*

Measure Number and Title	N	Mean Rating	Percentage in Top Two Categories (4 and 5)	Frequency Distribution of Ratings*				
				1	2	3	4	5
#2 Melanoma Continuity of Care - Recall System	10	4.60	100.0%	0	0	0	4	6
#3 Melanoma Coordination of Care	10	4.50	100.0%	0	0	0	5	5
#4 Overutilization of Imaging Studies in Melanoma	10	4.70	90.0%	0	0	1	1	8

\*Scale from 1-5, where 1 (Strongly Disagree); 3 (Neither Agree nor Disagree); 5 (Strongly Agree)

#### *Reliability Testing*

Inter-rater reliability testing (i.e., manual review of the patient medical record by two trained clinical abstractors and comparison of their individual findings) was conducted at three dermatology practice sites on three of the four melanoma measures (i.e., measures 2, 3 and 4). These sites represent various types, locations, and sizes. Kappa statistics were calculated at the data element level for the denominator,

numerator and exceptions categories. Data element reliability was established based on the results of this analysis.

#### *Reliability Testing Results*

The PCPI measure testing project revealed that the data elements for measure 2 demonstrated moderate to almost perfect reliability, the data elements for measure 3 demonstrated fair to almost perfect reliability and the data elements for measure 4 demonstrated moderate to almost perfect reliability in the numerator category.

## Evidence for Extent of Measure Testing

American Academy of Dermatology, American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® , National Committee for Quality Assurance. Melanoma II physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2012 Nov. 28 p.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

Transition

### Type of Care Coordination

Coordination between providers and patient/caregiver

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

### Statement of Acceptable Minimum Sample Size

Does not apply to this measure

## Target Population Age

All patients, regardless of age

## Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Effective Communication and Care Coordination

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Living with Illness

## IOM Domain

Effectiveness

Patient-centeredness

# Data Collection for the Measure

## Case Finding Period

12 month reporting period

## Denominator Sampling Frame

Patients associated with provider

# Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

Inclusions

All patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma

Denominator Criteria (Eligible Cases):

Diagnosis for melanoma or history of melanoma (refer to the original measure documentation for International Classification of Diseases, Tenth Revision, Clinical Modification [ICD-10-CM] codes)

AND

Patient encounter during the reporting period (refer to the original measure documentation for Current Procedural Terminology [CPT] codes)

WITHOUT

Telehealth Modifier (refer to the original measure documentation for Telehealth Modifiers)

Exclusions

Unspecified

Exceptions

Documentation of system reason(s) for not entering patient's information into a recall system (e.g., melanoma being monitored by another physician provider)

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

Inclusions

Patients whose information was entered, at least once within a 12 month period, into a recall system that includes:

A target date for the next complete physical skin exam, AND

A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment

Note:

To satisfy this measure, the recall system must be linked to a process to notify patients when their next physical exam is due and to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment and must include the following elements at a minimum: patient identifier, patient contact information, cancer diagnosis(es), date(s) of initial cancer diagnosis (if known), and the target date for the next complete physical exam. Refer to the original measure documentation for administrative codes.

Exclusions

Unspecified

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

Registry data

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

2017 Registry Individual Measure Flow: #137 NQF #0650: Melanoma: Continuity of Care – Recall System

## Computation of the Measure

### Measure Specifies Disaggregation

Does not apply to this measure

### Scoring

Rate/Proportion

### Interpretation of Score

Desired value is a higher score

### Allowance for Patient or Population Factors

not defined yet

### Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Measure #137: melanoma: continuity of care – recall system.

## Measure Collection Name

Melanoma Measures

## Submitter

American Academy of Dermatology - Medical Specialty Society

## Developer

American Academy of Dermatology - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

*Melanoma Work Group:* Dirk Elston, MD (*Co-Chair*; dermatology); Raj Behal, MD, MPH (*Co-Chair*; methodology); Steven D. Bines, MD (general surgery); Peter Dandalides, MD (health plan); Evan R. Farmer, MD (dermatology); Rutledge Fournay, MD (dermatology); Andrea Gelzer, MD, MS, FACP (health plan); Robert T. Gilson, MD (dermatology); Stephen E. Helms, MD (dermatology); Abrar Qureshi, MD (dermatology); Todd Schlessinger, MD (dermatology); John Schneider, MD, PhD (family medicine); Arthur Joel Sober, MD (dermatology); Steven W. Strode, MD, MEd, MPH (family medicine); Janet (Jessie) Sullivan, MD (dermatology); William Wooden, MD (plastic surgery)

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## Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## Measure Initiative(s)

Physician Quality Reporting System

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2016 Nov

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates a previous version: American Academy of Dermatology, American Medical Association (AMA)-convened Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Melanoma II physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2012 Nov. 28 p.

## Measure Availability

Source available from the [American Academy of Dermatology \(AAD\) Web site](#) .

For more information, contact the AAD at 930 E. Woodfield Road, Schaumburg, IL 60173; Phone: 847-240-3376; Fax: 847-240-1859; Web site: [www.aad.org](http://www.aad.org) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on October 2, 2007. The information was verified by the measure developer on November 21, 2007.

This NQMC summary was edited by ECRI Institute on September 1, 2009.

This NQMC summary was retrofitted into the new template on June 7, 2011.

This NQMC summary was edited again by ECRI Institute on April 27, 2012.

This NQMC summary was updated by ECRI Institute on September 3, 2013.

Stewardship for this measure was transferred from the PCPI to the American Academy of Dermatology. The American Academy of Dermatology informed NQMC that this measure was updated. This NQMC summary was updated again by ECRI Institute on April 28, 2017. The information was not verified by the measure developer.

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The AMA's, PCPI's and National Committee for Quality Assurance's significant past efforts and contributions to the development and updating of the Measure is acknowledged. AAD is solely responsible for the review and enhancement ("Maintenance") of the Measure as of June 30, 2014.

AAD encourages use of the Measure by other health care professionals, where appropriate.

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## Production

### Source(s)

American Academy of Dermatology. Melanoma: continuity of care - recall system. Schaumburg (IL): American Academy of Dermatology; 2016 Nov 15. 6 p.

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